

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 30 PM 2:43

DOCUMENT # P93000012739

1. Corporation Name Otano Enterprises, Inc.

Principal Place of Business

Mailing Address

7934 N.W. 66 Streer
Miami, FL 33166

REINSTATEMENT

98-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

7934 N.W. 66 St

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33166

Country

U.S.A.

3. New Mailing Office Address, If Applicable

7934 N.W. 66 St

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33166

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

FEBRUARY 15, 1993

5. FEI Number

65-0392967

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Add to and Enclose required
for Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P	Emilio Otano	238 S.W. 103 Ave	Miami, FL 33174
V	Vivian Otano	238 S.W. 103 Ave	Miami, FL 33174

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-12/15/99--01063--024
****908.75 ****908.75

8. Name and Address of Current Registered Agent

EMILIO OTANO
7934 N.W. 66 ST STREET
MIAMI, FLORIDA 33166

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/15/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/99

Date

Daytime Phone #

AD

CR2001 (12/99)